

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
A. <u>General Conditions of Eligibility</u>	
Each individual covered under the plan:	
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

TN No. MS-93-39

Supersedes

TN No. MS-91-44

Approval Date

FEB 14 1994

Effective Date

01/01/94

State: Missouri

Citation	Condition or Requirement
1905(p) of the Act	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435. c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 102	3. Is residing in the United States and-- a. Is a citizen; b. Is an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law, as defined in 42 CFR 435.408; c. Is an alien granted lawful temporary resident status under section 245A and 210A of the Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section 1614(a)(1) of the Act, under 18 years of age or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of P.L. 96-422;
Sec. 245A of the Immigration and Nationality Act	
1902(a) and 1903(v) of the Act and 245A(h)(3)(B) of the Immigration and Nationality Act	

FN No. 92-06
Supersedes

Approval Date JUN 29 1992

Effective Date January 1, 1992

FN No. 91-44

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State: Missouri

ATTACHMENT 2.6-A
Page 3
OMB No.: 0938-

Citation	Condition or Requirement
	d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
	e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).
42 CFR 435.403 1902(b) of the Act	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address. <input type="checkbox"/> State has interstate residency agreement with the following States: <input checked="" type="checkbox"/> Missouri has compacts with other States as authorized under P.L. 96-272. <input type="checkbox"/> State has open agreement(s). <input type="checkbox"/> Not applicable; no residency requirement.

TN No. MS-91-44
Supersedes
TN No. MS-87-8

Approval Date FEB 06 1992

Effective Date 11/01/91

HCFA ID: 7985E

State: Missouri

Citation

Condition or Requirement

- 35.1008 5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
- 2 CFR 435.1008 b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
- 905(a) of the ☐ Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
- ct
- 33.145 6. Is required, as a condition of eligibility, to assign rights to medical support and to payments for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met.
- 35.604 ☒ Assignment of rights is automatic because of State law.
- 9 of the
- 2 CFR 435.910 7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number) except for aliens seeking medical assistance for the treatment of an emergency medical condition under section 1903(v)(2) of the Social Security Act (section 1137(f)).

N No. 92-06

eddes

Approval Date JUN 29 1992

Effective Date January 1, 1992

N No. 91-44

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
Page 3a.1
OMB No.: 0938-

State/Territory: Missouri

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

/X/ Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

TN No. MS-91-59
Supersedes

Approval Date JAN 21 1992

Effective Date 10-1-91

TN No. NA

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.6-A
Page 3b
OMB No.: 0938-

State: Missouri

Citation	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No. MS-91-44
Supersedes
TN No. NA

Approval Date FEB 08 1992

Effective Date 11/01/91

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
Page 3c
OMB No.: 0938-

State/Territory: Missouri

Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No. 91-57
Supersedes

Approval Date JAN 15 1992

Effective Date October 1, 1991

TN No. N/A

HCFA ID: 7985E

Citation	Condition or Requirement
435.725 435.733 435.832	<p>B. <u>Post-Eligibility Treatment of Institutionalized Individuals</u></p> <p>The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:</p> <p>1. Personal Needs Allowance.</p> <p>a. Aged, blind, disabled-- Individuals \$ <u>30</u> Couples \$ <u>60</u></p> <p>For the following individuals with greater need--</p> <ul style="list-style-type: none">• Veterans receiving a reduced pension receive a personal needs allowance equal their reduced pension.• Institutionalized individuals who participate in sheltered workshops are allowed the above personal needs allowance plus the sheltered workshop income <p>b. AFDC related--</p> <p>Children \$ <u>NA</u> Adults \$ <u>NA</u></p> <p>c. Individuals under age 21 covered in this plan as specified in Item B.7. of <u>ATTACHMENT 2.2-A. \$30</u></p>
435.725 435.733 435.832	<p>2. For maintenance of the non-institutionalized spouse only. The amount must be based on a reasonable assessment of need but must not exceed the highest of --</p> <p>SSI level \$ _____ SSP level \$ _____ Medically needy level \$ _____ Other as follows \$ <u>See Attachment 2.6-A, page 5a</u></p>

TN No. MS-91-44
Supersedes
TN No. MS-91-40

Approval Date FEB 06 1992

Effective Date 12/01/91

HCFA ID: 7985E

State: Missouri

ELIGIBILITY CONDITIONS AND REQUIREMENTS

**For single child or family, group's income minus allowable AFDC deductions compared to AFDC percentage of need standard for group size. Can allow an amount up to the difference.

TN No. MS-91-44
Supersedes
TN No. MS-89-20

Approval Date FEB 06 1992

Effective Date 11/01/91

43

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.6-A
Page 5
OMB No.: 0938-

State: Missouri

Citation

Condition or Requirement

3. For children not residing with a community spouse.

AFDC level \$ See Attachment 2.6-A, Page 4a
Medically needy level \$
Other as follows \$

4. Amounts for incurred medical expenses not subject to payment by a third party.

a. Health insurance premiums, deductibles and co-insurance charges

b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)

5. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.

 Yes. Amount for maintenance of home \$

 X No.

1902(1) of the Act

6. SSI benefits paid under section 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital or NF.

7. For family members who are dependent see Attachment 2.6-A Page 5a.

TN No. MS-91-44
Supersedes
TN No. MS-89-20

Approval Date FEB 06 1992

Effective Date 11/01/91

HCFA ID: 7985E

64